



2026 Gardener Registration Form

Plot # (s) _____

Paid \$ _____

Name _____

Street & City _____ Apartment # _____

Email _____

Cell phone () _____ Relative/friend phone & relationship () _____

Circle best ways to contact you: Text? Phone call? Email?

How many adults (over 18 yrs old) live in your home? _____ How many 18yrs and younger? _____

Is anyone in your home a student at NHTI? Yes No

Your native language _____ Can you read it? _____ Country of origin _____

Other languages you understand spoken: _____

Other languages you can read: _____

Check each racial group that you identify with:

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Black or African | <input type="checkbox"/> Asian |
| <input type="checkbox"/> White | Other _____ |

Please check any services you (or anyone in household) receives?

- | | |
|--|--|
| <input type="checkbox"/> Free & reduced price school lunch | <input type="checkbox"/> Head Start Public housing/Section 8 |
| <input type="checkbox"/> Heat/Electric assistance | <input type="checkbox"/> SSDI Commodity Foods |
| <input type="checkbox"/> Food Stamps Medicaid | <input type="checkbox"/> WIC/CSFP SSI |

The fee for each plot is \$20. This money will be spent on materials such as shovels, wheelbarrows, buckets, and other materials that will be kept on site for all garden plot users.

Waiver of Liability

I understand that neither the Sycamore Community Garden, nor NHTI, the land owners, are responsible for my actions. THEREFORE, I AGREE TO HOLD HARMLESS THE SYCAMORE COMMUNITY GARDEN PROJECT AND NHTI FOR ANY LIABILITY, DAMAGE, LOSS OR CLAIM THAT OCCURS IN CONNECTION WITH USE OF THE GARDEN BY ME OR ANY OF MY GUESTS. I agree to abide by the garden rules and report violations or concerns to the Garden Manager.

Print Name

Sign Name

____/____/____
Date

Theft from another garden will result in the loss of your plot! Please report any theft promptly.

SYCAMORE COMMUNITY GARDEN
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

Plot # _____

Participant Name: _____ Phone: _____ Email: _____
Address: _____ City, State, Zip: _____
Emergency Contact: _____ Relationship: _____ Phone: _____

The undersigned requests (on behalf of him/herself or his/her child) (Participant) and is granted permission to participate in gardening and related activities (Gardening Activity) on the campus of NHTI - Concord's Community College. The undersigned acknowledges and fully understands that there are or may be hazards and risks incident to participation in Gardening Activity, including extremely hot, humid or cold weather, exposure to water that is not safe for drinking, variations in terrain, stinging or disease carrying animals or insects, wild animals and other natural or human-made hazards and dangers including the risk of human borne infections such as COVID-19. I further understand that hazards may not be marked and weather is unpredictable year-round and that such hazards and risks may result in serious injury, including complete or partial paralysis, brain damage, serious injury to virtually all internal organs, eyes, bones, joints, ligaments, muscle, tendons, and other aspects of the muscular and skeletal system and serious injury or impairment to other aspects of the body, general health and well-being, including death, and that such risk of injury may arise from not only from the Participant's own actions, inaction or negligence, but also from actions, inactions or negligence of others, from the conditions of the equipment used and areas where the Gardening Activity is conducted. I understand that NHTI - Concord's Community College and the Community College System of New Hampshire (CCSNH) assume no responsibility of any nature whatsoever for the actions of the Participant or any other person or entity involved in this Activity.

In consideration for permission to participate in this Gardening Activity at the College, the Participant, who is 18 years of age or the Participant's parent or legal guardian who hereby consents to participation and agrees to the terms and conditions of this Agreement on behalf of the Participant, and his/her heirs, executors, administrators, personal representatives, successors, assigns and/or any person who may claim by or through the Participant, release, forever, discharge, indemnify and hold harmless, NHTI - Concord's Community College, the Community College System of New Hampshire, its component colleges, trustees, administration, faculty, employees, staff, students, agents, successors, and assigns (collectively the College), from and against any and all manner of action or actions, cause or causes of action, suits, debts, sums of money and all other claims and demands whatsoever in law or equity which the Participant may have, against the College, including bodily and personal injuries and the consequences thereof including death, arising out of or resulting from or in any way associated with, directly or indirectly, foreseen or unforeseen, participation in this Activity at and/or sponsored by the College, or for contribution or indemnification with respect to any claim made against the Participant by any other person or entity in connection with the Gardening Activity.

The undersigned certifies that the Participant is in good health and has no physical condition that would prevent him/her from participation in the Gardening Activity. The undersigned understands that the College does not assume responsibility for payment of health care for the Participant, whether or not covered by the Participant's health insurance plan. In the event that the Participant requires emergency medical treatment, the undersigned hereby consents to such emergency treatment.

This instrument has been executed in and shall be interpreted according to the law of the State of New Hampshire.

IN WITNESS WHEREOF, I have hereunto set my hand this _____ day of _____, 20____.

Print Participant Name

Participant Signature

Print Parent/Legal Guardian Name (if under 18)

Parent/Legal Guardian Signature